SELF MEDICATION RECORD*

RESIDENT		FACILITY NAME:															
MONTH:YEAR																	
MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
WEDICATION	TIVIE	1	_		•			<u> </u>			10		12	10		10	
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MEDICATION	TIME	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
																<u> </u>	
																<u></u>	
Name of individual	Ti	fla		Ini	itial			No	ma				Tit	·lo		Ini	tial
Name of individual Title Observing Self - (RN/ staff			Initia			Name						Title (RN/ staff or				Initial	
administration		family)											family)				
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 $^{^{*}}$ The resident, to support and promote independence with medication self-administration, may use this record independently without staff or family review.